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COVER LETTER

	Registration Section Division of Corporations		
SURJEC	Orlando Investment Properti	ies, LLC	
.,0,0,0,0,0	T: Name of L	imited Liability Comp	pany
Dear Sir	or Madam:		
The enclo	osed Statement of Authority and fee(s) are	submitted for filing.	
Please ret	turn all correspondence concerning this ma	atter to the following:	
Holly L	Collins		
	Name of Person	_	
Nelson	Mullins Broad and Cassel		
	Firm/Company		
390 N.	Orange Avenue, Suite 1400		
	Address		
Orland	o, Florida 32801		
	City/State and Zip Code	_	
holly.co	ollins@nelsonmullins.com		
	E-mail address: (to be used for future annu	ual report notification)
For furthe	er information concerning this matter, plea	ise call:	
Holly L	. Collins	407	839-4200
	Name of Person	Area Code	Daytime Telephone Number
) [STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

authority	y:	505.0302(1), Florida Statutes, this limited liability company submits	-	tement of	
FIRST:	The name of	of the limited liability company is: Orlando Investment Pro	perties, LLC		
SECON	D: The Flo	rida Document Number of the limited liability company is:	00062234		-
	: The street	address of the limited liability company's principal office is: Drange Avenue, Suite 1400			
	Orlando	, Florida 32801			
		ing address of the limited liability company's principal office is: Drange Avenue, Suite 1400			
	Orlando	, Florida 32801			
position	of a person in the follow	ttement of authority grants or sets limitations of authority on all persin a company, whether as a member, transferee, manager, officer ording: secute an instrument transferring real property held in the name of the Granted to: C. David Brown, II	r otherwise or to a	specific	
	a.	Holly L. Collins		SEP .	127
	b.		ASSES F	10 AH 8:5	, , ,
	2. May e	nter into other transactions on behalf of, or otherwise act for or bind Granted to : C. David Brown, II	d, the company.	6	
		Holly L. Collins			
	b.	No authority granted to:	<u>.</u>		
#	olly	Colleus Holly L. Col			
Signathre	e of authoriz	zed representative Typed or prin Filing Fee: \$25.00	ted name of signat	ure	

Certified Copy: \$30.00 (optional)